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7590

06/08/2004

The Goodyear Tire & Rubber Company  
 Patent & Trademark Department - D/823  
 1144 East Market Street  
 Akron, OH 44316-0001



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Stacy J. Sidle	(Depositor's name)
<i>Stacy J. Sidle</i>	(Signature)
August 23, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/838,487	04/19/2001	Daniel Edward Bowen III	DN20900S4	8919

TITLE OF INVENTION: SILICA REINFORCED RUBBER COMPOSITION AND ARTICLE WITH COMPONENT THEREOF, INCLUDING TIRES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MULCAHY, PETER D	1713	524-178000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Goodyear Tire &amp; Rubber Company Akron, Ohio, U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1725 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

*Henry C. Young, Jr.* 8/20/04

08/26/2004 LABXKHA2 00000036 071725 09636467

01 FC:1501  
 02 FC:1504

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